

Monthly Giving Program

Credit Card or Automatic Funds Transfer (AFT)

The **Monthly Giving Program** is a convenient method of making charitable gifts to The King's University College (King's). By choosing to make a monthly gift by **credit card** or **automatic funds transfer** from your bank account, you are providing valuable financial support to King's and the students we serve. **Thank you for your support of Christian university education at King's.**

I wish to support King's with a gift of \$ _____ on the 15th day of each and every consecutive month, commencing on _____ to support:
(MM/YYYY)

- Annual Fund
 Other _____
(Please specify area of interest or project)

I wish to donate by (please choose one):

- Automatic Funds Transfer from a bank account**
Please complete page 2, the Pre-Authorized Debit Agreement (PAD)

- Credit Card** **VISA** **MasterCard**
Please complete the following information and return page 1 only

Card Number: _____

Name on Card: _____ Exp Date: ____ / ____

Signature: _____

I hereby authorize The King's University College to charge my credit card for donations as specified above. This authority is to remain in effect until King's has received written notification of a change or termination.

Authorized Signature: _____ Date: _____

Personal Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Please Return To:

The King's University College
Development Office
9125 - 50 Street
Edmonton, AB, T6B 2H3

For more information contact the
Development Office at development@kingsu.ca
or by phone at (780) 465-8314 or
1-800-661-8582, option 4



FOR OFFICE USE ONLY: DEVELOPMENT DEPARTMENT

Date Received: _____

Updates made to: RE Constituent Record Master Control Spreadsheet Recurring Batch

Scanned to Constituent Media File:

FIRST GIFT: _____

Staff Initial: _____

(MM/YYYY)

Pre-Authorized Debit Agreement for Automatic Funds Transfer

I wish to support King's with a gift of \$ _____ on the 15th day of each and every consecutive month, commencing on _____ to support:
(MM/YYYY)

- Annual Fund
 Other _____
(Please specify are of interest or project)

This authority is to remain in effect until The King's University College has received written notification of a change or termination. This notification must be received at least 30 days in advance of the next pre-authorized debit at the address below. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Personal Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Bank Account Information

Transit Number

Route Number

Account Number

Name of Financial Institution: _____

Branch Address: _____

City: _____ Province: _____ Postal Code: _____

A VOID cheque must be attached to this completed form.

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